FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR 10 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **857832** **(0)**

1. Corporation Name
ACCELERATION LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
475 METRO PLACE NORTH P O BOX 7000 DUBLIN OH 43017	475 METRO PLACE NORTH P O BOX 7000 DUBLIN OH 43017

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/22/1983
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (25)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 31-0835312 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	11 TITLE		☐ Change ☐ Addition
NAME	WILLIAMSON, R. MAX	12 NAME		
STREET ADDRESS	475 METRO PL	13 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH	14 CITY-ST-ZIP		
TITLE	~~AVP~~	21 TITLE	VD	☐ Change ☒ Addition
NAME	~~HILL, DEBRA L~~	22 NAME	WILLIAM B. JOHNSON	
STREET ADDRESS	~~1919 WATERTOWER DRIVE~~	23 STREET ADDRESS	475 METRO PL N	
CITY-ST-ZIP	~~COLUMBUS OH 43235~~	24 CITY-ST-ZIP	DUBLIN OH 43017	
TITLE	SVD	31 TITLE		☐ Change ☐ Addition
NAME	ALEXANDER, NICHOLAS Z.	32 NAME		
STREET ADDRESS	475 METRO PL	33 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH	34 CITY-ST-ZIP		
TITLE	DVP	41 TITLE		☐ Change ☐ Addition
NAME	COPELAND, ROBERT L	42 NAME		
STREET ADDRESS	3297 KIRKHAM RD	43 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH	44 CITY-ST-ZIP		
TITLE	~~AVP~~	51 TITLE	VD	☐ Change ☒ Addition
NAME	~~HILL, DEBRA L~~	52 NAME	KURT L. MUELLER	
STREET ADDRESS	~~1919 WATERTOWER DR~~	53 STREET ADDRESS	475 METRO PL N	
CITY-ST-ZIP	~~COLUMBUS OH~~	54 CITY-ST-ZIP	DUBLIN OH 43017	
TITLE	VD	61 TITLE		☐ Change ☐ Addition
NAME	MAIN, LARRY L	62 NAME		
STREET ADDRESS	475 METRO PL	63 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert L. Copeland ROBERT L. COPELAND 4-5-95 (614) 764-7000
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0476150 FF